County: Price PLEASANT VIEW NURSING HOME

595 PETERSON DRIVE

PHILLIPS 54555 Phone: (715) 339-3113	1	Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/01):	86	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	86	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	76	Average Daily Census:	80
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	30. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	<b>52.</b> 6
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	6.6	More Than 4 Years	17. 1
Day Services	No	Mental Illness (Org./Psy)	46. 1	65 - 74	9. 2		
Respite Care	No	Mental Illness (Other)	5. 3	75 - 84	34. 2	•	100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	1. 3	85 - 94	43.4	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	3. 9	95 & 0ver	6.6	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	1. 3		j	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	1. 3		100. 0	(12/31/01)	
Other Meals	Yes	Cardi ovascul ar	10. 5	65 & 0ver	93. 4		
Transportati on	Yes	Cerebrovascul ar	13. 2	'		RNs	10. 2
Referral Service	No	Di abetes	6. 6	Sex	% j	LPNs	9. 2
Other Services	No	Respi ratory	3. 9		i	Nursing Assistants,	
Provi de Day Programming for	i	Other Medical Conditions	6. 6	Male	32. 9	Aides, & Orderlies	57. 4
Mentally Ill	No			Female	67. 1		
Provi de Day Programming for	i		100. 0		i		
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther		]	Pri vate Pay	<b>;</b>		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	2	3. 2	112	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	2	2. 6
Skilled Care	1	100.0	200	57	90. 5	96	0	0.0	0	12	100.0	118	0	0.0	0	0	0.0	0	70	92. 1
Intermediate				4	6. 3	79	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	5. 3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	1	100.0		63	100.0		0	0.0		12	100.0		0	0.0		0	0.0		76	100. 0

PLEASANT VIEW NURSING HOME

Admissions, Discharges, and Deaths During Reporting Period	ı	Percent Distribution	of Residents	Condit	tions, Services, an	d Activities as of 12/	/31/01 
beachs builing kepoliting lellou	1				% Needi ng		Total
Percent Admissions from:		Activities of	%		ssi stance of	% Totally	Number of
Private Home/No Home Health	16. 9	Daily Living (ADL)	Independent	0ne	or Two Staff		Resi dents
Private Home/With Home Health	8. 5	Bathi ng	3. 9		72. 4	23. 7	76
Other Nursing Homes	13.6	Dressing	15. 8		63. 2	21. 1	76
Acute Care Hospitals	52. 5	Transferring	35. 5		47. 4	17. 1	76
Psych. HospMR/DD Facilities	0.0	Toilet Use	28. 9		55. 3	15. 8	76
Reĥabilitation Hospitals	0.0	Eating	40. 8		44. 7	14. 5	76
Other Locations	8. 5	********	******	*****	*******	*******	********
Total Number of Admissions	59	Conti nence		%	Special Treatment	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	6.6	Receiving Resp	iratory Care	9. 2
Private Home/No Home Health	11. 7	Occ/Freq. Incontinen	t of Bladder	<b>56</b> . <b>6</b>	Recei vi ng Traci	heostomy Care	0.0
Private Home/With Home Health	15. 0	Occ/Freq. Incontinen	t of Bowel	36.8	Recei vi ng Sucti	i oni ng	3. 9
Other Nursing Homes	11. 7	<u>-</u>			Receiving Ostor	my Care	3. 9
Acute Care Hospitals	5. 0	Mobility			Recei vi ng Tube	Feedi ng	1. 3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	10. 5	Receiving Mech	anically Altered Diets	42. 1
Rehabilitation Hospitals	0.0	1			· ·	· ·	
Other Locations	6. 7	Skin Care			Other Resident C	haracteri sti cs	
Deaths	<b>50.</b> 0	With Pressure Sores		6. 6	Have Advance D	i recti ves	94. 7
Total Number of Discharges		With Rashes		5. 3	Medi cati ons		
(Including Deaths)	60	İ			Receiving Psycl	hoactive Drugs	<b>56</b> . <b>6</b>

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

\* Ownershi p: Bed Size: Li censure: Nonprofit 50-99 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 93.0 88. 9 1.05 85. 1 1.09 84. 4 1. 10 84.6 1.10 Current Residents from In-County 88.2 78.4 1. 12 72. 2 1. 22 75. 4 1.17 77. 0 1. 15 Admissions from In-County, Still Residing 30. 5 25.3 1. 20 20.8 1.47 22. 1 1.38 20.8 1.47 Admissions/Average Daily Census 73.8 108. 1 0.68 111.7 0.66 118. 1 0.62 128. 9 0.57 Discharges/Average Daily Census **75.** 0 107.3 0.70 112. 2 0.67 118. 3 0.63 130. 0 0.58 Discharges To Private Residence/Average Daily Census 20.0 37. 6 0.53 42.8 0.47 46. 1 0.43 52.8 0.38 Residents Receiving Skilled Care 94. 7 90.9 1.04 91. 3 1. 04 91.6 1.03 85. 3 1.11 Residents Aged 65 and Older 93.4 96. 2 0.97 93.6 1.00 94. 2 0.99 87. 5 1.07 Title 19 (Medicaid) Funded Residents 82.9 67.9 1. 22 67.0 1. 24 69.7 68. 7 1.21 1. 19 Private Pay Funded Residents 26. 2 0.67 21.2 22. 0 15.8 0.60 23. 5 0.75 0.72 0.9 Developmentally Disabled Residents 0.0 0. 5 0.00 0.8 7. 6 0.00 0.00 0.00 Mentally Ill Residents 51.3 39.0 1. 32 41.0 1.25 39. 5 1.30 33. 8 1. 52 General Medical Service Residents 6. 6 16. 5 0.40 16. 1 0.41 16. 2 0.41 19. 4 0.34 Impaired ADL (Mean) 49.9 0.94 48. 7 0.96 48. 5 0.97 49.3 0.95 46.8 Psychological Problems 56. 6 48. 3 1.17 50. 2 1. 13 50.0 1. 13 51. 9 1. 09 Nursing Care Required (Mean) 1. 29 7. 3 1. 24 9.0 7. 0 7. 0 1. 29 7. 3 1. 23